



4224 Houma Blvd  
Suite 205  
Metairie, LA 70006

8050 West Judge Perez  
Dr. Suite 2400  
Chalmette, LA 70043

120 Ochsner Blvd  
Suite 130  
Gretna, LA 70056

## New Patient Intake Form

### Demographic

**Name:**

\_\_\_\_\_

**Last**                      **MI**                      **First**

**Address:**

\_\_\_\_\_

**Street**                      **City**                      **State**                      **Zip**

\_\_\_\_\_  
(Address Continued)

**Date of Birth:**

\_\_\_ / \_\_\_ / \_\_\_\_

**Phone:** \_\_\_\_\_

**Email:**

\_\_\_\_\_

**Height:**

\_\_\_\_\_

**Weight:** \_\_\_\_\_

### Medical History

**Chief Complaint:**

\_\_\_\_\_

**Primary Physician:**

\_\_\_\_\_

**Name**

**Referring Physician:**

\_\_\_\_\_

**Name**                                      **Specialty**

**Preferred Pharmacy:**

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**Name** **Phone**

**Do we have permission to access your medications from your pharmacy?**    **Yes**                      **No**

**Allergies:**

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**Family History**

Heart Attack     Hypertension  
 Obstructive Sleep Apnea     Bleeding Disorders

**Social History**

Alcohol Intake:        None                      Occasional                      Moderate                      Heavy  
Smoking Status:        Never                      Former                      Daily

**Past Surgical History**

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**Surgery** **Date**

**Past Medical History**

Allergy     Hypertension  
 Asthma     Lung Disease  
 Bleeding Disorders     Migraines  
 Cancer     Nasal Obstruction  
 Diabetes     Nasal Polyps  
 Difficulty Swallowing     Obesity  
 Ear Infections     Obstructive Sleep Apnea  
 GERD/Reflux     Sinus Pressure  
 Headaches     Snoring  
 Heart Attack

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**Patient Signature** **Date**